Written Testimony for the Public Health Committee

March 7, 2022

H.B. 5277 An Act Concerning the Establishment of Technical Standards for Medical Diagnostic Equipment that Promotes Accessibility in Health Care Facilities

Dear Committee Members,

My name is Sandy Carpenter and I live in Wethersfield, Connecticut. I am a fourth-year medical student less than 2 months away from graduating medical school and transitioning to my residency training. I am testifying **in support of** raised HB 5277, An Act Concerning the Establishment of Technical Standards for Medical Diagnostic Equipment that Promotes Accessibility in Health Care Facilities. I write this testimony with experience within several different Connecticut hospital systems and a six-year background in disability advocacy. My testimony is bolstered by the voices of members from the disability community and, in particular, the Citizens Coalition for Equal Access. I encourage you to also read my Op-Ed on the lack of accessible medical diagnostic equipment, in which I mention H.B. 5277, published recently in the Hartford Courant: https://www.courant.com/opinion/op-ed/hc-op-healthcare-access-for-disabled-connecticut-20220303-e4owmddhvbd7jfzvtocsnos4rm-story.html

Disability is common. One in five adults living in Connecticut have a disability, and nearly 10% of them have a mobility disability defined as serious difficulty walking or climbing stairs. According to those statistics, **more than 55,000 people have mobility disability in our state** [1]. People with disabilities are recognized important consumers of healthcare, yet they experience significant barriers to equitable healthcare. One of the most significant barriers is the lack of accessible medical diagnostic equipment, including exam tables, chairs, weight scales, patient lifts, and imaging devices, that prevent people with mobility disability from receiving complete, and therefore equal, care [2]. Technical standards for medical diagnostic equipment are set by the U.S. Access Board's accessibility standards issued in 2017 [3]. The only agency to formally adopt and enforce these standards to date is the Veterans Health Association, which requires all equipment purchases to meet the standards [2].

The lack of accessible diagnostic medical equipment has affected my patients and loved ones with disabilities. This issue has been most apparent to me in outpatient clinics where access and accommodation are highly variable. To provide examples, I have witnessed patients who use wheelchairs receive the physical exam in their wheelchair due to lack of accessible exam table or patient lift. This exam is less thorough than examining the patient on the exam table and risks missing pressure sores, abdominal masses, skin lesions, or other abnormalities on the unexamined areas. Inability to completely examine a patient's body is especially concerning for patients who use wheelchairs due to paralysis and are at high risk for pressure injury. I have observed unsafe manual transfer of physically disabled patients by medical staff or caregivers with the potential for injury of both parties. Patients with disabilities are also often required by their healthcare providers to bring an attendant to assist the transfer, which is firstly not permitted under the law and secondly forces the aide into a difficult and potentially injurious position. Patients who use wheelchairs are infrequently weighed due to lack of wheelchair-accessible scales, even though physicians commonly use changes in weight to guide clinical decision-making and make recommendations. I have heard from women with mobility

disabilities in the community that they struggle to receive recommended cancer screenings, including mammograms and pap smears, due to inaccessible equipment. This deeply concerns me knowing that a growing body of research demonstrates higher rates of cancer and higher mortality from cancer among people with disabilities [8, 10]. Many disabled community members hesitate to self-advocate with their physicians for accessible medical equipment out of fear of damaging rapport. They also report limited options for alternative healthcare due to transportation and insurance barriers which is further complicated by the lack of data on accessibility of healthcare facilities.

This issue is delineated by more than just my anecdotes. Over a decade of research unequivocally shows that a large majority of physicians and other healthcare providers nationwide **do not use** accessible equipment for routine care of patients with significant mobility limitations [2,4,6, 8]. The National Council on Disability released a comprehensive report in May 2021 in which they demonstrate that the lack of enforceable medical diagnostic equipment standards allows for continued, widespread discrimination in healthcare for people with mobility disabilities [2]. Ensuring accessible medical diagnostic equipment is one of the National Council's core tenets in their framework for health care equity released in 2022 [11]. A study recently published by researchers at Harvard Medical School reveals that a majority of surveyed physicians are unfamiliar with their legal responsibilities to patients under the Americans with Disabilities Act and feel that they are at risk for lawsuit [5]. Thus, a lack of accessible diagnostic medical equipment and a lack of knowledge about how to utilize it go hand-in-hand. The persistence of physical barriers in the healthcare environment contributes to marked **health disparities** for people with disabilities. These disparities include higher rates of preventable conditions like diabetes and heart disease and lower rates of cancer screening tests [7-10].

More than **30 years** after the enactment of the Americans with Disabilities Act, healthcare remains inaccessible to people with disabilities. If we do not choose to change now, **when will we**? This is an imperative **public health issue** that necessitates systems change. As a physician-in-training mere months away from attaining my medical doctorate and starting residency, I aim to provide quality care to all of my patients, including patients with mobility disabilities, but I cannot do this if I do not have the tools I need to ensure equitable care. Connecticut should serve as a role model for health equity and innovation by adopting the U.S. Access Board's accessibility standards and lead the way in improving healthcare access and quality for its disabled citizens.

Thank you for the opportunity to submit this testimony and your consideration of this critical issue.

Sincerely,

Sandra L Carpenter

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